

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597804

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
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47				1			
48				1			
49				1			
50				1			
TOTAL IND.	5		↓		↓		↓
TOTAL DEP.	32	←		←		←	
TOTAL CLAIMS	37	████████		████████		████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		████████		████████		████████	

REQUEST AVAILABILITY COPY